

CAUTION:

**IF YOU ARE USING A PUBLIC ACCESS
COMPUTER, (I.E., PUBLIC LIBRARY, ETC.)
BE CERTAIN YOU DRAG THIS FORM TO THE TRASH CAN
AND EMPTY THE TRASH WHEN FINISHED.**

**THIS WILL PREVENT UNAUTHORIZED
ACCESS TO PERSONAL INFORMATION SUCH AS
YOUR NAME, HOME ADDRESS, AND
SOCIAL SECURITY NUMBER.**

U.S. Department of Health and Human Services
National Institutes of Health

NIH Loan Repayment Programs
Loan Data Verification

Applicant's Instructions:

Read the reverse of the form and complete all of Section A.

To each form, attach a copy of the loan agreement (promissory note) and standard student budgets (see reverse).

DO NOT SEND THIS FORM TO YOUR LENDER. Send it to the National Institutes of Health Loan Repayment Programs, Federal Building, Room 604, Bethesda, Maryland 20892-9121.

Section A -- The applicant completes this section. (Please type or print.)

1. Applicant's Name (<i>Last, first, middle</i>)		2. Social Security No. (<i>Giving your Social Security number (SSN) is voluntary; however, it is necessary for processing your application. Please see the Privacy Act information in this package.</i>)	
3. Loan Account Number			
3a. Name and address of lending institution/holder of the loan (<i>i.e., bank, educational institution</i>)		3b. Name and address of servicing agent of the loan to whom payments are sent (<i>if different from Item 3a</i>)	
4. Original Amount of the Loan	5. Current Balances 5a. Principal _____ as of (<i>date</i>) _____ 5b. Interest _____ as of (<i>date</i>) _____		
6. Current Loan Status 6a. Deferment from (<i>dates</i>) _____ until _____ 6b. Forbearance from (<i>dates</i>) _____ until _____		<input type="checkbox"/> Check if interest-bearing <input type="checkbox"/> Check if interest-bearing 6c. Repayment began (<i>date</i>) _____	
7. Are your payments up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Monthly Payment Amount	9. Interest Rate of Loan _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable <input type="checkbox"/> Simple <input type="checkbox"/> Compounded	
10. Purpose of the loan		11. Name of Federal or State program under which loan was received (<i>e.g., Guaranteed Student Loan [GSL], Stafford Loan, Health Education Assistance Loan [HEAL]</i>)	

12. Certification by Applicant/Borrower

I hereby apply to enter into an agreement with the Secretary of HHS for repayment of the educational loan listed above, incurred solely for the costs of education, including reasonable living expenses. I hereby certify that the information given in this application is true, complete, and accurate to the best of my knowledge and does not omit any material fact which would render the statement false, fictitious, or fraudulent as a result of the omission. I am aware that any false, fraudulent, or fictitious statement may, in addition to other remedies available to the Govern-

ment, subject me to civil penalties under the Program Fraud civil Remedies Act of 1986.

I hereby authorize the lending institution, servicing agent, and/or institutional program named above to release information about my loan to the administrators of the NIH Loan Repayment Programs (LRP), and to other authorized Government officials. This authorization shall remain in effect during my application and participation in the NIH LRP and 90 days after completion of LRP contracted service.

Signature of Applicant

Date

Section B -- The lending institution/servicing agent completes this section.

Lender/Servicer's Instructions: Please verify the information in Section A, indicating any corrections next to the item(s) in question. Complete Section B and return this form, using the return envelope provided, as directed by the cover letter. Questions? Call (800) 528-7689.

Lending Institution/Servicing Agent's Certification

The undersigned states that, to the best of his or her knowledge, the loan identified above is a bona fide legally enforceable institutional, State, or Government educational loan made for the purpose of meeting the borrower's costs of attending a college or university, and that the information provided in Section A is correct.

Name and Title of Authorized Official for the Lending Institution *PLEASE PRINT*

Federal Tax Identification Number or EIN (*Required for sending payments*)

Signature

Date

NIH 2674-2 (Rev. 9/96)
(FRONT)

Public reporting for this collection of information is estimated to average 95 minutes for section A and 20 minutes for section B, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to NIH, Project Clearance Office, 6701 Rockledge Drive, MSC 7730, Bethesda, MD 20892-7730, Attention: PRA (0925-0361). Do not return the completed form to this address.

Privacy Act
09-25-0165

Application Instructions for the National Institutes of Health (NIH) Loan Repayment Programs (LRP)

The "Applicant Information" form (NIH 2674-1, pages 1-2), "Loan Data Verification" form(s) (NIH 2674-2), "NIH Loan Repayment Programs Contract" (NIH 2674-4), and their required attachments should be completed and sent directly to the National Institutes of Health Loan Repayment Programs, Federal Building, Room 604, Bethesda, Maryland 20892-9121. Individuals are also responsible for ensuring that three references each complete an "Evaluation and Recommendation" form (NIH 2674-1, page 3) and send them directly to the LRP at the address above (envelopes are provided in this pack-

age.) Applicants to the AIDS Research Loan Repayment Program must also submit the "ICD Recommendation: Proposed Research Assignment" form (NIH 2674-3, page 2) in consultation with their employing Institute, Center, or Division (ICD) and NIH research advisor/supervisor. The NIH may only consider applications of individuals who have received a two-year (or three-year for General Research LRP) minimum employment commitment to conduct qualified research as NIH employees. Individuals may consult the LRP InfoLine at 800-528-7689 for further information, assistance, and NIH ICD representatives.

Instructions for Form NIH 2674-2 (Revised 9/96)

General

- A separate Form NIH 2674-2 is required for *each* loan being considered for repayment. If you have multiple loans from the same lender, complete a separate form for each loan.
- For each loan being considered for repayment, you must attach a copy of the loan agreement or promissory note.
- Complete Section A only and transmit, with all attachments, directly to the NIH, LRP, Federal Building, Room 604, Bethesda, Maryland 20892-9121. The LRP will submit these forms to your lender(s) for their verification and completion of Section B.
- For each school attended, attach a copy of the standard school budget for the year(s) for which you are requesting loan repayment. The standard school budget should include tuition, fees, other educational expenses such as books and materials, and living expenses such as room, board and transportation while in school. Standard school budgets can usually be requested from your school's Financial Aid Office.
- If you have any questions, contact the LRP Office at 800-528-7689.

Item (*Items not listed are considered to be self-explanatory.*)

2. Social Security Number

The Social Security number (SSN) is required to identify applicants who are selected for LRP contracts to the U.S. Department of the Treasury, Internal Revenue Service, for the payment of Federal income tax on LRP funds paid to your lenders. (See *Privacy Act Notification Statement in this package.*) Your SSN is used for identification purposes only.

3. Loan Account Number

The loan account number is required to identify and issue repayments for eligible loans of applicants selected for contracts with the LRP. The number provided should be unique and distinguish this loan account from other loan accounts held by the same lender. Include any prefix or suffix used by your lenders.

3a. Name and Address of Lending Institution/Loan Holder

Enter the name and address of the institution which currently holds your loan.

3b. Name and Address of Loan Servicing Agent

Enter the name and address of the servicing agent, where payments for your loan are sent, if different than 3a.

5. Current Balances

Enter the current principal and interest balances and their effective dates.

6. Current Loan Status

Enter the dates for the current period of deferment or forbearance. If the loan is in a repayment status, enter the date repayment began.

7. Payments Up-to-date

Indicate "No" if your loan is delinquent, in default, or is not current in its payment schedule. Loans in these categories are not eligible for repayment. Indicate "Yes" only if you have made payments to your loan as required under the terms of your agreement/note and no penalties are outstanding.

12. Certification

Your signature attests to the accuracy of information provided as well as authorizes the Department of Health and Human Services or any of its agencies to request, and your lending institution to release, information concerning your loan.